

University Group Travel Insurance Application Form for Outbound Student-Led Activities (Please submit the completed form to ssa@ust.hk for approval before departure.)

Event Information: (Please attach a daily trip itinerary.)

Trip/E	Event Name:						
Organ Group	nizing o/Project:						
Fundi	ng Support:	☐ No ☐ Yes, please speci	fy (e.g., S	SEAS	, Hsin Chong):		
Destination:			Tri	Trip Period:		yyyy mm dd	
Trip C	Objectives:						
Emerge	ncy Contact <mark>d</mark>	luring the Trip:					
Contact Person:			ı	Role in the Trip:			
University Email:			(Contact No		country code area code telephone no.	
						-	·
	of the Particip	oants: Full Name	Tyne	Type* Student/St			separate sheet if needed) Please specify for
No.	(as sho	wn on the travel document)	ТУР	C	for Type "S"		Type "O"
e.g.	Chan Tai Ma	an	0				Coach
1.							
2.							
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14.							
15.							
The Unive	•	taff A: HKUST Alumni e can covers Type "S" only. HKUST Students zers should arrange or advise other particip	s who comp	leted		are classified	
DSTO U	se Only						
Approv	ed by Head, D	STO-SSA: Dr Cindy			Date:		